# Los Ar eles County Sheriff's Departent Officer Involved Shooting

					Esta de la companya d			age	-	J) 0
Report Date: 03/30/1	16	Bureau/Station/Fac	lity: pecial Enforcemen	nt Bureau		Admin.	Invest?		Hit?	<b>V</b>
			Incident Inform	Washington Co.						044
URN: 0	16-04651-02	287-013	Date:	03/3	0/16		Time:	1	525	
City or Station:	Fast Los	Angeles	Nature of Incident	:						
Northside D	rive, ELA 90		SEB deputie location. The hand gun an	e suspec	t exited the	e residence	with a			
Location Type (check one or more):  Backyard  Beach  Business  Freeway  Industrial  Park  Parking Lot  Residence  Rural  School  Street	Dark Dayl Stree	of Lights  (circle anly one):  r dy	Incident Type (ch. Accidental Accidental Armed Person Fleeing Suspe Foot Pursuit Gun Take Aen Moving Vehicl Sniper/Ambus Stertle Struggle Invold Traffic Stop Unarmed Pers Unintentional	ny e h h	nore):	Initiated by ( Arrest W Call W Observa One Per Other Search W Two Per Prior Activity Detective Inmale T Other Routine	Varrant stion son Unit Varrant son Unit (check or e			
Other: Total # of Shots Fired by D	Deputy Total # of	15 yards Shots Fired by Suspe	Warrant Service	ce		Routine	Patrol			
4	Separy   Total # 0	O O	Other:			Aero Uni	t? 🗸	Canin	e Unit?	1
			Employee Witn	esses			ianii ir mai			
Employee #	Last Name	liberti	First Name Richard First Name Nic	M.I. L M.I. M	ShiftTime (ch	eck only one) S	ShiftType (c Regular [ ShiftType (c Regular [	Overti	me	Off Duty
Employee #	Last Name Bo	ucher	First Name Russell	M.L.	ShiftTime (ch		Regular			Off Duty
Commercial		ALL CANADA	Non-Employee W	itnesses						3107-07
Last Name				First I	vame			М	1.	
Street Address		City		Zip	ode	Nork Ph N/A	H	ome Ph	N/A	
Last Name	77.7			First I	lame			M	,I.	
Street Address		City		Zip Co	ode \	Work Ph	Н	ome Ph		
Last Name				First I	lame			M	d.	
Street Address		City		Zip Co	ode \	Nork Ph	H	ome Ph		
			Supervisor	'S						
Employee# Last N	ame Bouch		Russell	M.I.	(check one On Duty Present			Vilness		
Employee# Last N	ame	Fir	st Name	M.I.	(check one	or more):	□ v	Vitness	to sho	oting
Employee#	Last Name		Watch Serge	or we have a specified	rst Name				M.).	
			Watch Comma	nder						
Employee #	Last Name	Chas		First Name Bruce					MJ.	D
		27101				2.000				_

PSTD Use Only
SH #

### Officer Involved Shooting

IN: 016-04651-0287-013

Page 2 of 5

					Rollout Informat	ion			A 4 1 (2 S ) 4 (1 S ) 2 (2 S )
Arriva	Date 03/	30/16	Arrival Time	1730	Date Submitted	03/31/16	Date of Recommendation		
Emplo	oyee #	Last Name		Gra	all	First Name	e David		M.L.
Emplo	yee #	Last Name		Han	nil	First Name	e Jeffrey		M.I.
Emplo	oy <del>ee</del> #	Last Name		Carra	sco	First Name	Jesus		M.I.
				Shoot	ing / Force Info	rmation			
Meth						Туре	of Injury	Body	Part Injured
(AW) (BC) (BR) (CCH) (TTD) (CTGX) (FR) (FB) (FB) (FB)		Control Technique Feam Takedown Fakedown) is (OC Spray) is (Tear Gas) un)	(PS) (PP) (PP) (PO) (PS) (PS) (CN) (RH) (RH) (RH) (SH) (SH) (SH) (SB) (SB) (ST) (TR)	Other Weapo Personal Wei Personal Wei Personal Wei Personal Wei Resistance Restraint Dev Restraint Dev Restraint Dev Restraint Dev Restraint Dev	m: Blunt Object m: Other apon: Feet/Leg: (Kick) apon: Feet/Leg: (Swee apon (Hand/Arm) apon (Push) apon (Other) ice (Capture Net) ice (Handcutts) ice:Hobble (Legs Only ice:Hobble (TARP) ice: REACT Bell	(AB) (BR) (BU) (CO) (CO) (DH) (DB) (FR) (GS)	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation Dog Bite Fractures Gunshot Human Bita Lacerations Nerve Damage Organ Damage Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious	(AD) (AK) (AR) (BK) (BT) (EL) (FA) (FE) (GR) (HD) (HE) (HD) (KN) (LE) (NK) (SH)	Abdomen Ankle Arm Back Buttocks Chest Elbow Face Feet Fingers Genitals Groin Hand Head Hip Internal Knees Leg Neck Shoulder
Bran (AK) (BN) (BR) (CH) (CO) (DA) (HA) (HI) (HK)	d AK-47 Benelli Beretta Browning Charter Arms Colt Davis Industries Glock Harrington & Ric Hi Standard Hi & K Ithica	(NO)	Mossberg NCI aka SKS North America Norinco Raven Remington	(US)	Rossi Smith & Wesson Sturm Ruger StG Sauer Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inm	(10) 10 (12) 12 (20) 20 (21) .23 (22) .23	Refused Med Treatment  NONE  Imm (24) .243 call  mm (25) .25 call  guage (30) .308 call  guage (36) .357 call  2250 (36) 30-60 c  2 callber (38) .38 call	(WR)	4) .44 caliber 5) .45 caliber 0) 50 mm

#### FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Par (Code)
Ş-1	E-1'	FH	ZZ	40				
E-1	S-1	FR	HK	9	Y	Υ	DH	СН
					-			

## Officer Involved Shooting Involved Employee Information

URN: \_\_\_ 016-04651-0287-013

Page 3 of 5

			Involved Employee				100			
E 1	Employee #	Last Name		Francois			First	Name Ervi	M.).	
	Sex: M Race: B	Rank: Deputy	,	Unit Assignm	ent: SEB		Work Assignment (Unit #, Module, etc.):		elc.):	
	ShiftTime (circle only one):	ShiftType (circle only one) Regular Overtime		Intoxication/D	Drug Usag	e7 🗍	Substance Used:			
	Hospital Admission?	Hospital Name:	J OH DBIJ	Coroner Cas	e? 🗍	_	Corone	ar Case #	Interviewed?	
	Hrs of sleep prior to shootin	g: Duty Time (bre):	Clothing	Clothing (circle only one):			Other F	moraton [A]		
	Age: Height	5-10 Weight: 183	Plain	Clothes no Vest Clothes w/ Vest Jacket no Vest	_	ackel w/ Vest n no Vest n w/ Vest	SEB full gear, gas mask			
	Range Qualification Date:		PPC Q	ualification Date		N/A		Laser Training Date:	N/A	
	Certified with Weapon Used?	Patrol Certification?	Certific	ation Unit:		Prior Shoot	ings?	Number of Prior Shootings:	Directed Force:	
	Weapons Fired Brand: H&K	MP-5 Celiber 9	# 5	ihota 4	Weapor Brand;	ns Fired		Caliber	# Shots	
	Field Training Officer Emp #	Last Name					First N	ame	M.I.	
	Field Training Officer Emp #	Last Name					First N	ame	M.I.	
E	Employee #	Last Name					First I	lame	M.I.	
	Sex: Race:	Rank		Unit Assignme	int:		Work A	ssignment (Unit #, Module,	etc.):	
ı	ShiftTime (circle only one):	ShiftType (circle only one):		Intoxication/De	rug Usage	7	Substa	nce Used:		
	Hospital Admission?	Hospital Name:		Coroner Cast	2 🗆		Corone	r Case #	Interviewed?	
	Hrs of sleep prior to shooting	Duty Time (hrs):		(circle only one)			Other F	actors:		
7	Age: Height:	Weight:	Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest PPC Qualification Date:  Certification Unit: Prior Shoot							
- 1	Range Qualification Date:									
	Certified with Weapon	Patrol Certification?				tings?	Number of Prior Shootings:	Directed Force:		
	Weapons Fired Brand:	Caliber	#5	hots	Weapon Brand:	s Fired		Caliber	# Shots	
	Field Training Officer Emp #	Last Name					First N	M.I.		
	Field Training Officer Emp #	Last Name					First N	ame	M.I.	
E	Employee#	Last Name					First N	lame	M.I.	
	Sex: Race: Rank:		Unit Assignment:			Work Assignment (Unit #, Module, etc.):				
	ShiftTime (circle only one):  EM PM Day	ShiftType (circle only one): Regular Overtime	Off Duly	Intoxication/Di	rug Usage	?	Substan	nce Used:		
	Hospital Admission?	Hospital Name:		Coroner Case?			Corone	Interviewed?		
	Hrs of sleep prior to shooting	: Duty Time (hrs):		othing (circle only one):  Plain Clothes no Vest Reid Jacket w/ Vest			Other F			
	Age; Height	Weight:	Plain	Clothes w/ Vest	Uniform	no Vest				
	Range Qualification Date:			PPC Qualification Date:						
	Certified with Weapon Patrol Certification Used?		n? Certification Unit:			Prior Shoo		Number of Prior Shootings:	Directed Force:	
	Weapons Fired Brand:	Caliber	#8	hots	Weapon Brand:	s Fired		Caliber	# Shots	
	Field Training Officer Emp #					First Name M.I.				
	Field Training Officer Emp#	Last Name					First Na	ame	M.I.	

#### Officer Involved Shooting Suspect Information

RN:

016-04651-0287-013

Page 4 of 5

	Suspect Information									
S 1 Last Name	Montion	First Name	Angel	M.I.						
AKA Last Name		First Name		M.I.						
Sex: M Race: H	Street Address:	City		State & Zip Code						
Work Phone:		Social Security #	- Bridge	2.0						
N/A	Home Phone: N/A	Codar Gegt	Driver's License	200						
Age: 33 D.O.B. 02/27/83	Height: 5-6 Weight: 180	FBI#	CII#							
Booking #	Primary Charge:	Secondar	ry Charge:							
Coroner Case?	Coroner Case # 2016-02492	Intexication/Drug Usag	e? Substance Used: Alc	Substance Used: Alcohol						
Armed?	Apprehended?	Mental Illness?	Criminal History?							
Vehicle Make Mod	et: Year.	Parole: Yes Pro	obation: Prior Felony	Conviction: Yes						
S Lest Name		First Name	466	M.I.						
AKA Last Name		First Name	1	M.I.						
Sex: Race:	Street Address:	City		State & Zip Code:						
Work Phone:	Home Phone:	Social Security #;	Driver's License #							
Age: D.O.B.	Height: Weight:	FBI#	Cil #							
Booking #	Primary Charge:	Secondar	y Charge:							
Coroner Case?	Coroner Case #	Intexication/Orug Usag	e? Substance Used:	Substance Used:						
Armed?	Apprehended?	Mental (Hness?	Criminal History?							
Vehicle Make Mode			bation: Prior Felony	Conviction:						
S Last Name		First Name		M,I.						
AKA Last Name		First Name		M.I.						
Sex: Race:	Street Address:	City		State & Zip Code:						
Work Phone:	Home Phone:	Social Security #:	Driver's License #:							
Age: D.O.B.	Height: Weight	F8I#	CII#							
Booking #	Primary Charge:	Secondary	y Charge;							
	Coroner Case #		Substance Used:							
Coroner Case?	Ovidio 0830 #	Intoxication/Drug Usage	a? Substance Used.							
Armed?	Apprehended?	Mental Illness?	Criminal History?							
Vehicle Make Mode	t: Year:	Parole: Pro	bation: Prior Felony	Conviction:						
Last Name		First Name		M,l.						
AKA Last Name		First Name		M.I.						
Sex: Race:	Street Address:	City	8 I BI 10	State & Zip Code:						
Work Phone:	Home Phone:	Social Security #:	Driver's License #:							
Age: D.O.B.	Height: Weight:	FBI#	CII #							
Booking #	Primary Charge:	Secondary	Charge:							
Coroner Case?	Coroner Case #	Intoxication/Drug Usage	Substance Used:							
Armed?	Apprehended?	Mental Illness?		Criminal History?						
1	1 . Thereseeves	The state of the s	Attributed 1 House 1 1	Prior Felony Conviction:						
Vehicle Make Mode	Year.	Parole: Prol	bation: Prior Felony	Conviction:						

# SUPPLEMENTAL EMPLOYEE WENESSES Los Angeles County Sheriff's Department

Page 5 of 5 Employed Witnesses Last Name First Name M.I. Hilgendorf Kevin K Street Address Zip Code Work Ph Home Ph Deputy SEB 323-881-7800 Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph Last Name M.I. First Name Street Address Zip Code Work Ph Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph Last Name M.I. First Name Street Address Zip Code Work Ph Home Ph Last Name M.L First Name Street Address Zip Code Work Ph Home Ph M.L Last Name First Name Street Address Zip Code Work Ph Home Ph M.J. Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph M.L Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph M.L Last Name First Name Zip Code Work Ph Home Ph Street Address M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph